

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: INJECTION NEEDLE AND LIQUID
INTRODUCING INSTRUMENT

Attorney Docket Number:: 029650-162

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status::  Full Capacity

Given Name:: Hisao

Middle Name::

Family Name:: NISHIKAWA

Name Suffix::

City of Residence:: Yamanashi

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 1500, Inokuchi,
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing
Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing

Address:: 259-0151

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: ✓ Tetsuya

Middle Name::

Family Name:: OOYAUCHI

Name Suffix::

City of Residence:: Kanagawa

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 1500, Inokuchi,
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: ✓ Teruyuki

Middle Name::

Family Name:: YATABE

Name Suffix::

City of Residence:: Yamanashi

State or Province of Residence::

Country of Residence:: Japan

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Postal or Zip Code of Mailing
Address:: 259-0151

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application:: Parent Filing Date::
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This Application	National Stage of	PCT/JP2003/008781 07/10/03
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2002-201899	07/10/02	Yes

Assignee Information

Assignee Name::	Terumo Kabushiki Kaisha
Street of Mailing Address::	44-1, Hatagaya 2-chome, Shibuya-ku
City of Mailing Address::	Tokyo
State or Province of Mailing Address::	
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	151-0072